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# FACSIMILE COVER SHEET

Date: <b>September 13, 2004</b>	Client & Matter Number: <b>022176-000610US</b>	No. Pages (including this one): <b>4</b>
To: <b>Dionne Harvey USPTO</b>	At Fax Number: <b>(703) 872-9306</b>	Confirmation Phone Number:

From: Joel M. Harris

(5129)

**Message:** Attached are the Transmittal Form, Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, and Statement Under 37 CFR 3.73(b) for U.S. Patent Application Serial No. 10/052,199 filed 1/16/02.

60307682 v1

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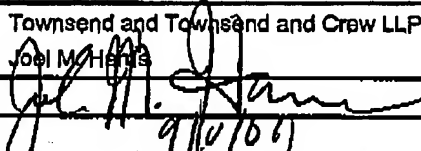
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60307682 v1

PTO/SB/21 (04-04)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/052,199
	Filing Date	January 16, 2002
	First Named Inventor	SHENNIB, ADNAN
	Art Unit	2643
	Examiner Name	DIONNE HARVEY
Total Number of Pages in This Submission	Attorney Docket Number	022176-000610US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b)
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Townsend and Townsend and Crew LLP	
Signature	 Reg. No. 44,743	
Date	9/10/04	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on <u>9/13/04</u>		
Typed or printed name	Marcia D. Shea	
Signature		Date: 9/13/04

60308089 v1

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PTO/SB/02 (08-03)

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	1p/052,199
Filing Date	01/16/2002
First Named Inventor	Adnan Shennib et al.
Art Unit	2843
Examiner Name	Harvey Dionne
Attorney Docket Number	022176-000610US

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

**20350**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

**20350**

OR

☐ Firm or  
Individual Name

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City

State

ZIP

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name Susan Whichard, Vice President, InSound Medical, Inc.

Signature

Date

9-7-04

Telephone

510-792-4000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

60269506 v1

PTO/SB/88 (08-03)

Attorney Docket No. 022176-000610US  
Client Ref. No. ISM-006CNT**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Insonus Medical, Inc., (now InSound Medical, Inc.—see attached merger document 01/08/2002)Application No./Patent No.: 10/052,199 (CON of 09/327,717)Filed/Issue Date: 01/16/2002Entitled: Disposable Extended Wear Canal Hearing DeviceInSound Medical, Inc. a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by, percentage) of its ownership interest is \_\_\_\_\_ %

In the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reels 010037 and 010037, Frames 0581 and 0590, respectively, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at  
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- ☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☒ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

9-7-04  
Date510-792-4000  
Telephone numberSusan Whichard  
Typed or printed nameSusan Whichard  
SignatureCEO, InSound Medical, Inc.  
Title

60269518 v1